***Occasional Staff Submission Form***

**Department: Date:**

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| **Applicants Name** | **Staff ID Number** |
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**Please return completed form to** [**parking@nuim.ie**](mailto:parking@nuim.ie)

**Approved by:**

**Signature: Date:**

*The University reserves the right to review the allocation of parking permits to various categories of staff from time to time based on operational factors.*